Howard County Community Integrated Medical Home

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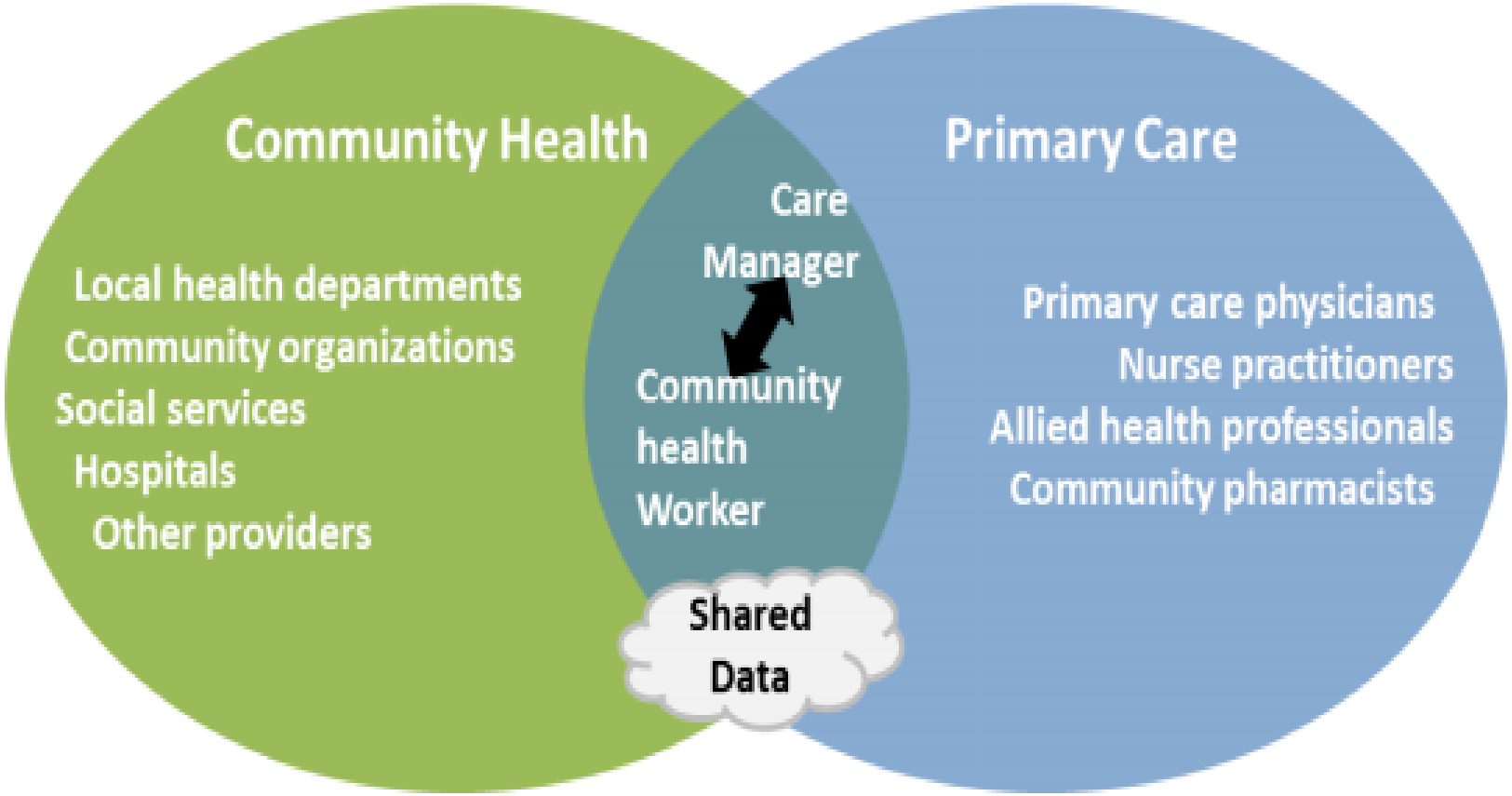
HealthyHoward

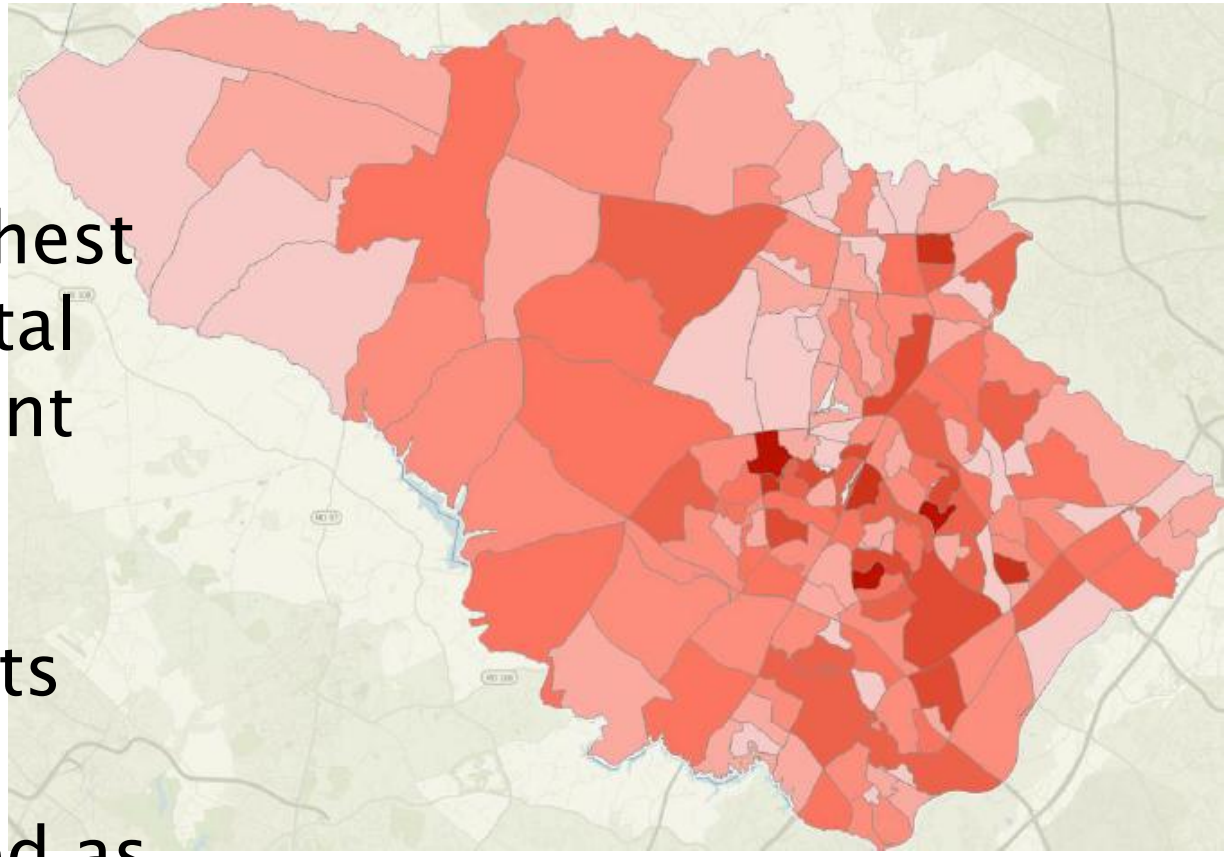
Maryland's Community Integrated Medical Home Model



Howard County's Community Integrated Medical Home (CIMH)

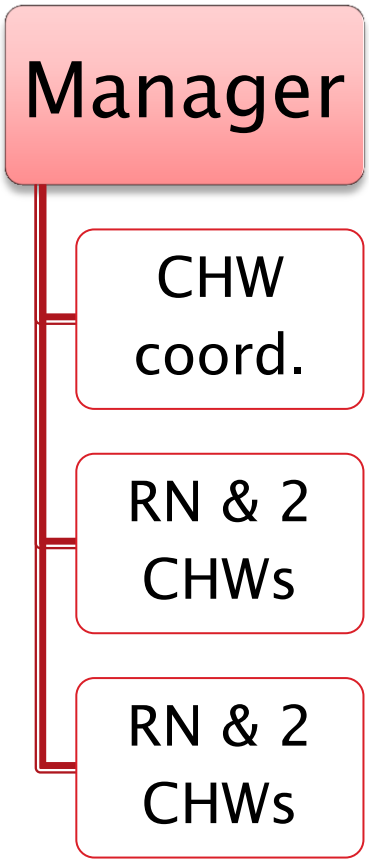
Hotspotting

- Goals: identify geographic "hotspots" of highest utilizers of hospital and most prevalent conditions, determine intervention points for CIMH model
- Top 10% identified as high utilizers



- High prevalence of: CAD, HTN, CHF, diabetes

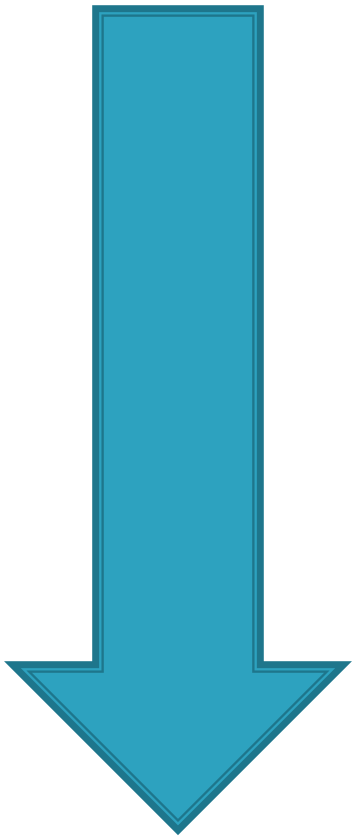
Community Based Care Team



- Clients: inpatients from Howard County General Hospital
- Criteria: 3+ hospitalizations in past six months, 2+ chronic conditions
- Care coordination avg. 90 days
- Services: visit scheduling and accompaniment, coordinate rx benefits and delivery, in-home rx management, assess home and transportation needs, enrollment for insurance and other services, link to mental health services

Expected Outcomes

- Reduced hospitalization rates
- Reduced disparities in access to health care services
- Reduced health care costs



Patient-Centered Medical Home

- Recruiting two primary care practices for pilot Apr-Sep
- Practices: establish transformation team, participate in group and one-on-one training
- Training and support provided by health dept. and Maryland Learning Collaborative
- Initial focus: access to care, quality improvement, teamwork

Questions

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